

Save the Children

PULANG KAMPUNG
The Coming Home Program

Bi-Annual Report
August - December 2000

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Background:

Save the Children had a presence in Indonesia starting with the inception of its first program in the Special Territory of Aceh in 1976. SC was involved in a community-based integrated rural developmental program with a focus on community mobilization and empowerment. The program was a combination of direct implementation and working through partners. This resulted in forming Community Development Committees empowered to plan, implement and monitor a wide range of community activities. In the mid - 1990s, Indonesia's economic growth was so promising that SC phased over the country program to a local NGO. However, this period of prosperity was soon after followed by economic collapse. In Aceh, owing to the prolonged war and fueled by the economic and political crisis, the resultant impact on women, adolescents and children was particularly severe.

SC/US also has a long history of collaborating with USAID/Indonesia, starting with the first grant for integrated development work in Aceh in the late 1970s. In June 2000, Save the Children was awarded a US \$ 3 million grant to implement the *Pulang Kampung* – Coming Home program in Aceh which has experienced internal conflict since the 1970s. As a result, the quality and support of village health services has virtually come to a halt in the conflict torn province of Aceh. Many families are experiencing serious health and psychosocial problems, particularly women and children. Women are especially vulnerable; their access to reproductive health services has been discontinued as a result of fighting factions. Further, the existing community infrastructure has limited capacity to support women who have been sexually abused, traumatized and/or widowed due to the conflict. In recent years, increasing numbers of people have been forced to leave their homes as a result of the conflict.

The program is planned to operate in 35 villages, targeting 35,000 people in the sub-districts of Tangse and Lam Teuba. The program seeks to establish a sense of safety and health empowerment for returnees who have been displaced and traumatized, as well as for those who remained in their villages. Its emphasis is on restoring primary health care services and on providing psychosocial activities to promote emotional well being. *Pulang Kampung* is a community-based training program, which transfers skills to women and adolescents so that even if they were to become displaced again, or for the first time, they would carry their internalized new set of skills with them. It is designed to assist villagers to maintain their health, both physical and mental, as the environment around them remains unstable.

Program implementation started in July 2000. By early November, the security situation deteriorated forcing Save to restrict its activities in Banda Aceh. In late December 2000, six months into program start-up and implementation and following refusal of visas for expatriate staff, Save the Children took the decision to relocate, starting January 2001, its expatriate staff to Jakarta.

Since the early conception and development of the project in Aceh, it has been acknowledged that the volatile security situation needs to be closely monitored and the program interventions may need to be adjusted accordingly. Starting the New Year, Save the Children will be monitoring the situation in order to revise its current implementation strategy that would reflect the challenges and opportunities facing program implementation.

Program Results:

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| <i>Result One:</i> | Community-based preventative health care systems revitalized |
| <i>Result Two:</i> | Psychosocial needs of children and their families addressed |
| <i>Result Three:</i> | Special needs of at risk women addressed (<i>women who as a result of Conflict are traumatized, sexually abused, have become single heads of households or are subject to domestic violence.</i>) |
| <i>Result Four:</i> | Youth participation in their own development and that of their communities enhanced |

Operating Environment:

At the time of Save the Children's initial assessment, the humanitarian situation in Aceh was cause for much concern. Aceh had just experienced its first wave of internally displaced people (IDPs) and communities were experiencing social hardship and infrastructure disruption on returning to their villages.

As the year 2000 progressed and access was increasingly denied to Government Departments, the breakdown of vital services became more apparent, resulting in large gaps in basic health and educational services. As a result, of these gaps and the on going conflict, SC established the Aceh Program with the objective of providing and stabilizing health and education services, while introducing a third component of psychosocial care. In September, the office officially opened and staff were expected to be trained and fully operational by November.

Program start-up progressed with the first major external training planned for November. However, during the month of November Aceh experienced increased social unrest (demonstrations), a natural disaster (flooding) and an increased threat of political upheaval, which made the atmosphere restrictive and volatile. The continuing power cuts resulting from the floods and the coming of the fasting month resulted in further program activity restrictions. As a consequence of these disruptions, the SC office was closed for a total of 6 working days and office activities remained disrupted into December, as staff was preoccupied with the post-flood response.

a. Security Context:

In early 2000, the Henry Dunant Center for Humanitarian Dialogue facilitated a dialogue between the Government of Indonesia and GAM. This process produced the May 12 agreement entitled 'Joint Understanding on Humanitarian Pause for Aceh'. The MOU initially ran for a period of three months and was subsequently renewed until January 15th 2001. It is hoped that by the time, the MOU would be renewed for extension or it would lead to new agreements for dialogue.

The acknowledged purpose of the MOU is to decrease the level of violence in Aceh on the premise that humanitarian need, created by the chronic conflict, must be addressed. It is believed that it will also promote cooperation of the people and of the conflicting parties "in their common endeavor towards achieving a peaceful solution to the conflict situation". The Humanitarian Pause thus aims to create conditions conducive to an increase in humanitarian activities and to eventual peace dialogue. The agreement has mechanisms for implementation consisting of two committees with corresponding monitoring bodies and a joint forum.

During the first four months of operation, the Humanitarian Pause had generated a great deal of hope and commitment but produced little in terms of concrete humanitarian action, largely due to the length of time it has taken to set up their working mechanisms of the two Joint Committees. The last 3 months (October – December) of the humanitarian pause have seen a steady increase in violent incidents including the assassination of 3 local humanitarian workers in North Aceh.

The weeks leading up to the third extension of the Pause were particularly tense. During the build up of the last month (December) there has been a sense that both parties are preparing for increased armed conflict. GAM has increased their presence in villages where the military had disbanded their posts. Some speculate that GAM is using this time to recruit and coordinate offensives. In villages it seems there is a lack of information dissemination on the Humanitarian Pause and it is generally understood that it represents a step towards a referendum and independence.

Within the current political context, the safety and security of humanitarian workers is a major obstacle to the implementation of humanitarian assistance. The resent RATA incident in which three humanitarian workers were killed and the incident in August where 3 Oxfam staff were beaten and tortured highlight the risk faced by implementing agencies at times. Given this, SC has taken various precautions and has

developed security guidelines to minimize security risks. Likewise, in order to operate in Aceh, SC has endeavored to establish itself as neutral organization in regards to the conflict.

Given the unpredictable atmosphere, Save the Children is working with other INGOs to ensure tangible improvements in the general safety of humanitarian workers.

Project Mobilisation and Progress Against Objectives:

1. Office Mobilisation

- Start-up activities initiated by SC consultants
- Office space located and equipment purchased
- Core staff team recruited and orientated
- Development of office policies and procedures
- Development of local staff manuals including personnel and security
- Official letters for operation and travel secured (Governor, Health and Humanitarian Pause) or verbal permission obtained (Police, Military), HDC has assisted INGOs secure verbal permissions from forces other than the military.

2. Visitors, Technical Assistance and Consultancies

- Gary Shaye (SC/US Vice President) Project Socialization: 6-7th December
- David Hopkins (Consultant) Project Mobilization: July-August
- Angela Brasington (SC/US Consultant Nepal Program) Project Mobilization: July 10th – September 23rd
- Mike Novell (SC/US Philippines Director) Strategic Planning: 19th-21st September
- Paulette Coburn (SC/US Asia Office) Administrative systems: 25th- 30th September and 27-30 October
- Annie Lozaro (SC/US Philippines Finance Manager) Finance management: 25th October- 5th Nov. and 7-9Dec)

3. Program Socialization

In a conflict situation, all parties are suspicious of newcomers; the arrival of SC was no different despite the fact that Save had operated in Aceh previously. In order to address these concerns and prevent suspicion of our mandate, SC went to all relevant departments, authorities and institutions to clarify and seek support for the Pulang Kampung program. Correspondingly, to secure operational approval (written and oral), SC had to follow a series of hierarchical meetings starting with Banda Aceh and moving through to the districts and sub-districts as each approval was secured.

Often, key public officials were unavailable for long periods but to travel to the field without full approval would have placed the lives of SC staff at risk. In order to reduce suspicion and introduce Save the Children, program staff took every opportunity to meet with key people from the provincial and district police and army commands. SC kept in close contact with the Intelligence Section (including monthly registration as required for foreign staff) and co-ordinated on security risks when they arose. The situation in Aceh requires that all sides of the conflict are aware of our presence and our mission. The highest risk for humanitarian workers is on the road; therefore, to reduce the risk, a visit is required to every police/TNI post that SC passes on the way to their destination. This process is required until security forces feel reassured about SC's presence.

In the case of the Department of Health and other INGOs, more coordination, sometimes daily, was required. SC also met with the community to clarify our purpose for returning to Aceh thereby also providing them with the opportunity to assess any security risks SC may present to them. Meetings included in this process were as follows:

1. Government Departments (Local, District and Provincial): Health, Community Development, Education, and Women's Empowerment.
2. Government Authorities (District and Provincial): Governor District Leaders, Head of Police, and Head of Military, Village leaders.
3. Local NGOs: Active in the fields of health, psychosocial, women, youth and children.
4. International NGO, UN agencies, Emergency Agencies and Community Development Agencies.
5. University Departments: Department of Public Health, Psychology and Community Research.

In general most organizations, individuals and Government Departments had knowledge of SC and the work they did in the past and there is support for international assistance from all sectors of the Acehnese community including both sides of the armed conflict. The Governor's Office, Head of Police, Head of Education and the Head of Health were particularly supportive and interested in the initiatives being proposed by SC. All organizations expressed an interest in working together with SC project. In developing the detailed implementation plan, some stakeholders such as the Health Department and PMI gave commitments for activities but in general, no formalised agreements or MOU have been entered into with these stakeholders. At present, a general foundation has been laid to build partnership over the next six months. See attached stakeholder analysis for more details.

4. Program Development:

A. Project Documentation

In conjunction with SC consultants, new project staff, and the target communities of Lam Teuba and Tangse, the following implementation documents were developed:

- Results framework (in conjunction with the DoH).
- Detailed implementation plan (in conjunction with the DoH and target communities).
- Logical Framework and performance indicators (SC final draft under approval from DoH).
- Project Profile and briefing materials such as presentations and project briefs (SC).
- Stakeholder analysis.
- Health Centre needs assessment (in conjunction with DoH).
- Baseline Questionnaire: developed and tested with community members in Banda Aceh but not yet implemented due to security situation and suspension of field travel.
- Qualitative Questionnaire and Focus Group Discussions (FGD) action sheets (developed and tested in a 3 FGD by SC).

B. Training and Staff Development

Internal staff development:

- Security Training and guidelines development (Aceh, 23rd September, 4th October, and 21st October and): Conducted internally by PD and PM for all staff some sessions planned by the UN security advisor but facilitated by PD.
- Humanitarian and Protection Training (Aceh, 5-7th October,): Conducted externally by Oxfam's protection advisor for 5 local staff and Health/CIC Specialist (HCS): 3 days.
- Grant Compliance Workshop (Jakarta, 28-29th October): Conducted by Paulette Coburn from the Asia Area Office for Project Director, HCS and Finance Manager.
- Psychosocial Training (Jakarta, 3rd-9th December): Conducted by UNICEF and attended by the Child Psychosocial Co-ordinator.
- Advanced Conflict 1st AID (Medan, 22-25th October): Conducted by the DoH Aceh and attended by the Health Co-ordinator.
- English language Classes: Drivers and Guards: weekly (October ongoing)
- Indonesian language Classes: Health/CIC Specialist (September ongoing).
- Computer training: Finance Manager, Project Manager, Logistician and Women's Support Co-ordinator (October ongoing).

C. Assessments and Baseline Data Collection

During the start-up phase of the project, SC staff organised various meetings to gain accurate information and to seek advice on implementation with the following results:

- Some of these meeting assessed the opportunity to develop partnerships and/or joint implementation bodies. At this stage SC has not proceeded with formalising any partnerships except with the MOH. However, SC is confident that when the time is appropriate these partnerships can be forged.
- Identified potential partners including: YAB, RATA, Relawan Perempuan, Flower Aceh, Education and Community Planning Departments and Community Development Committees (see attached stakeholder analysis).
- International Agencies with the potential to forge working partnership include OTI/USAID, UNICEF, MSF-Holland, Oxfam and IRC.
- Baseline data questionnaire and survey formats have been developed and tested within Banda Aceh.
- Baseline data collection training modules have been developed.
- Puskesmas (health centres) equipment and resource needs assessments have been completed. The results suggest that equipment and resource capacity is too low to accommodate medical emergency especially, those related to childbirth complications and conflict-resulting emergencies such as lacerations, gunshot wounds and complications arising in victims of torture. In order to increase their capacity to respond, the Puskesmas identified oxygen sets, minor surgery instruments and infusion kits, as key equipment needs. In terms of human resources, the Puskesmas is limited and many program targets are difficult to achieve. Training for community health outreach workers is needed as they often have more continuous access to the community than the government staff.
- Assessment tools for psychosocial issues are being developed within the context of the establishment of Psychosocial Working Group. These tools are focusing on the means to measure the effects of conflict on Acehnese children, while protecting children's privacy and confidentiality. A multisectorial comparison study is being considered, whereby children directly affected by the conflict (loss of a parent or trauma) are matched with a similar child from the same village who has not experienced a traumatic incident.

5. Results Framework

Result 1: Community-based preventative health care systems revitalized.

In achieving, this objective considerable co-ordination with the Department of Health has been necessary.

- A series of 2 introduction meetings and 3 planning sessions with the Ministry of Health representatives were held. The MOH welcomed SC back to Aceh and guaranteed their support for our program. It was hoped that SC would be respectful of the Health system in existence and work to strengthen it rather than initiate rapid changes. They felt that given the security situation, the role of Kaders would be increased and so were supportive of our proposed initiative to revitalising Kader outreach and Posyandus services.

They were particularly impressed with SC's emphasis on psychosocial care, youth development and at risk women. They generally felt that these areas were important to the general well being of communities but noted that the Department did not have the capacity to deliver these services. It was requested that the training, especially the psychosocial training being provided to health staff in the project areas also be replicated with management level staff in the Department, so that the whole department could benefit and build up its capacity. Continuing from this, SC/US has maintained regular contact through routine meetings. Monthly reports are submitted and currently the MOH contact person is reviewing SC's detailed implementation plan.

Other activities completed include:

- Assessment completed to identify training and resource needs of Puskesmas and Health outreach workers. The training needs varied depending on the level of staff. In terms of Kaders and outreach workers, they required basic training, re-fresher training and advanced training depending on their levels of activity. Other identified needs involve training related to the security situation and coping mechanisms for emergencies and displacement. DoH would like Kaders to have a larger role within communities as they have forged a trusting relationship with the community. Therefore, it is felt that training on participatory methods and psychosocial issues would enable the Kaders to expand the role and quality of their work
- Development of training modules for health outreach workers and community leaders. These modules include material for conducting baseline data collection as well as basic health and psychosocial training for Kaders and Posyandu staff.
- Two 3-day (18-20th September) community workshops were conducted at the SC office with the specific purpose of sharing experiences, expectations, and plans for the future. Participants comprised of doctors, midwives, community health volunteers, and community leaders and community development centre staff from both project areas. Issues covered included: community health status, social problems being encountered, special needs of vulnerable groups, security concerns, factors affecting implementation and the development of a plan for action. As with the health staff, the community was supportive of SC return and were particularly interested in activities and services that would address psychosocial issues and child and youth delinquency. The communities identified areas for concern within their communities and then with facilitation from SC staff, generated a draft program framework which formed the foundation of the SC detailed implementation plan (DIP): See attached summary of the workshop. Below is a summary of the communities concerns:
- **These workshops identified the major health concerns as** nutrition (thinness), problems with childbirth, lack of medicine and the inability to deal with medical emergencies (especially due to conflict and displacement).
- **Major social concerns were also identified such as** conflict-related issues including fear, stress, loss of economic opportunity and children becoming involved in militia groups. Other areas identified included: school drop-out rates (across all levels) leading to delinquency, lack of self confidence in youth, and large numbers of children being left in the care of older siblings or elderly relatives.
- The participants noted that their **security concerns** were related to the fact that armed groups might misunderstand SC's purpose for being in their villages. SC should take time to meet with and clarify their mandate to the police and military. For the last year the community has been afraid to meet in public places but they felt that in coordination with the Police/TNI, SC could gain approval to reactivate community meetings again. Save explained to the community the SC security policy and discussed the need for neutrality. The communities came up with ways for SC to maintain their neutrality while working in their villages. Communities were concerned for the safety of staff on the road to their villages but not within their village.

Result 2: Psychosocial needs of children and their families addressed.

- Collection of secondary data (ongoing): including collection of case studies, newspaper articles, and research findings.
- Informal, Focus group discussions (FGD) with 2 community groups (1 mixed gender and 1 women) to identify psychosocial problem of youth and children involved in the conflict. Results of these discussions highlighted many social problems being experienced by youth, including:

- Young people are afraid of being targeted for violence and feel vulnerable because they are young people with no status therefore can be targeted easily.
- They are also demotivated, frustrated and bored of studying because “no one can be successful in Aceh”. They find it difficult to find the energy to try new things and their activities including school is always being disrupted.
- When discussing their feelings and emotions they talked about consistent feelings of fear, apprehension for their future and helplessness.
- They stated that the following activities relieve their stress or make them feel content: praying, sports, hanging out with friends, going to the beach areas, cooking, watching TV, driving their motorbikes fast and helping their families financially.
- Progress to a formalised establishment of a working group that focuses on the needs of children affected by conflict. Within this working group framework, progress is being made to revitalise the activities of the Lembaga Perlindungan Anak (LPA) and to initiate activities with the long-term objective of influencing decision-makers and policy. Current plans include the identification of schools and community groups that could benefit from training on the Convention on the Rights of the Child (CRC) and Peace building activities.
- Development of an informal Psychosocial Working Group began in October and steadily began to form into a more structured body. Due to security reasons a formal establishment has not occurred. Members include SC/US, UNICEF, the Department of Public Health, local psychologists and psychiatrist and 5 local NGOs. This group has held one workshop in Jakarta and 2 planning workshops in Aceh. There is interest to assess the viability of using the psychotherapy approach "Eye Movement Desensitization and Reprocessing Technique" with Acehnese children experiencing trauma. Currently SC/US is taking the lead on developing viable research methods for studying psychosocial issues in children, which then can call on the expertise in the working group to conduct the research.
- SC/US sponsored a street children's theatre group to perform a drama entitled “Children in Conflict” (22 October) this was attended by 200 people from the local community and received good media coverage in both the TV and newspapers. The local organisation working with the children was Yayasan Anak Bangsa (National Children's Association). This organisation has a drop-in centre for street children and has been identified as a potential partner for SC in further activities.

Result 3: Special needs of at risk women addressed.

(Women, who as a result of conflict are traumatized, sexually abused, have become single heads of households or are subject to domestic violence)

- Co-ordination meetings have been conducted in an effort to establish a support network between organizations furthering women's issues, with the expected result being to coordinate initiatives, identify areas of needs and to encourage gender in government/NGO strategic planning. Meetings included: the Department of Women's Empowerment (Aceh) and local women's NGOs (Flower, Relawan Perempuan and Department of Women's Studies).
- SC also had the opportunity to introduce the program and look at linkages for the future. One of SC's objectives is to link women to services. In this context, it is foreseen that an information booklet can be developed containing the services responsive to women's needs.
- During co-ordination meeting between NGOs and Government it was proposed to form a working group. This proposal was accepted in theory and further meetings were planned to develop the idea.

Result 4: Youth participation in their own development and that of their communities enhanced.

- Co-ordination meetings were conducted with the Education Department, which holds the responsibility for non-formal education as well as various youth activities. Their emphasis is on developing life skills and increasing occupational opportunities. The staff were also responsive to the idea of youth becoming health kaders and felt that within the schools that youth/peer approaches would be useful for promoting health to younger students.

- SC also visited the Religious Group (Muhamadiyah), which has strong youth life skills programs and the potential to run sub-grant activities.
- PMI (Indonesian Red Cross) and SC also explored areas for collaboration and expressed their willingness to provide first aid training to youth in the target areas.

Potential Implementation Challenges:

Aside from security issues and natural disasters, implementation has been further hampered by the need to obtain recommendation letters from relevant Provincial Government Authorities (Governors Office and Health Department) prior to going to the field. This process has taken time, as key figures were often absent from Aceh for long periods of time. In October all letters were secured, allowing SC staff to begin planning visits out of Banda Aceh.

This process must also be replicated at the district and sub-district level before SC will confidently be able to enter the target areas. SC is extremely sensitive to the risks that outsiders can bring to already vulnerable communities. As part of their commitment to the target communities it was agreed that SC staff would not enter villages, until all prevailing authorities were informed and supportive of SC/US's purpose and planned activities in the area. This has frustrated the planing process and forced community consultation to be conducted in Banda Aceh or by phone.

Recruitment of suitable staff has been difficult and time consuming. Increasingly, Acehnese people are reluctant to enter into employment that places them in areas experiencing armed conflict. The problem has been compounded by the fact that human resource capacity is low and under developed. Few candidates have experience working with international agencies or a background in community development. Those candidates with NGO experience are often deemed inappropriate due to neutrality issues. Consequently, staff will require considerable training and managerial support in the first year.

Aside from the rapidly changing security context and the ever-present threat of mass displacement, Save the Children may encounter various challenges in achieving program results:

- In order to operate in Aceh, SC must always maintain a neutral position with regards to the conflict. Although this is not a major obstacle, it means that time and effort will be needed to build a transparent and neutral image with the prevailing authorities. For example, before going to a certain area, SC must inform the district government, the local government, the district police and the military. The time consuming nature of these activities will limit SC's capacity to implement in the short-term but improve efficiency and security in the long term.
- The security of all staff is of paramount importance but it must be acknowledged that national staff (Acehnese) encounter significantly greater security risks than international staff. Until December, National staff of all INGOs in Aceh felt safer when they are in the presence of an expatriate while in the field. It is assumed that the presence of an expatriate will not only reduce the potential risk of an incident but also legitimize the organization. With the lack of legal response to the killings of the UN staff in West Timor, the Oxfam beatings in Aceh and the assassinations of the 3 RATA staff, national staff expressed their fear, at this particular point in time, about travelling to the field, even in the presence of an expatriate. Expatriate staff living in Aceh also felt that their risks in the field had significantly increased. As a response to this SC cancelled planned trips to the field until further notice.
- A part of SC's mandate is to build local capacity by coordinating and supporting local organizations and government departments. This approach, while being more beneficial in the long run, also has the potential to be problematic due to the nature of the political conflict. Both the beneficiaries and the local partners are considered by the military and government authorities to have opposing political agendas. Working too closely with local partner organizations may not only jeopardize their security, the beneficiary group's security and SC's security but also jeopardize SC's neutrality.

- Although SC is in a stronger position for success due to limited location sites and long-standing good will with the implementing communities and corresponding authorities, it is imperative that SC continually monitors and assesses the consequences of their actions.
- Access to accurate data poses another challenge to project implementation. Accurate data can be difficult to collect due to the communities' fear that their personal data will be used for other reasons. Therefore information is both difficult to obtain and once obtained, difficult to confirm. The resulting approach to this obstacle is the need to develop new and creative but accurate assessment tools.

Conclusion:

Save the Children's program in Aceh has now been operational for 5 months. During the past 5 months there have been many changes in context as well as challenges to program implementation. SC has been actively trying to lay a program foundation that will be strongly supported by Government and local institutions. SC has also invested time in building the capacity of their local staff to better enable them to meet the challenge of the project.

Frustrating all aspects of the program are implementation delays based on the security concerns. During the months of November and December, preparation for the baseline data collection and training has been completed and is now awaiting the opportunity to commence collection. The situation in Aceh is exceedingly fluid and as a consequence the situation can change quickly.

Save the Children is currently assessing the status of the project in light of the decision to temporarily relocate its expatriate staff to Jakarta. During the month of January, based on the security situation and on the extension, or non-extension, of the Humanitarian Pause, Save the Children will be revisiting its current program in order to devise appropriate implementation strategies able to respond to the perceived challenges.